TEACHERS/STAFF REQUESTED TO ADMINISTER MEDICATIONS AT SCHOOL OR ON SCHOOL EXCURSIONS AND CAMPS

Parents/Guardians of the child/children concerned need to complete this form prior to the giving of any medication. (Tablets, mixtures, capsules, inhalations etc).

I/we……………………………………………………………………………………………………………..give permission
To………………………………………………………………………………………………………………..(teacher/staff)
To administer medication to my/our son/daughter…………………………………………………………….

The medication is to be correctly labelled with the child’s name.

The name of the medication is: …………………………………………………………………………………
The correct dosage is: ……………………………………………………………………………………………
The medication is to be taken (frequency): ………………………………………………………………

SPECIAL INSTRUCTIONS (eg: the medication is to be refrigerated): ………………………………..

I/we understand that my child/children should remind the teacher when that medication should be given, i.e. within reasonable limits. Teachers/staff will take all care considered to be adequate in such administrations.

Signed: ……………………………………………………………………………………….. Date: ………………………